

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007634

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 314 Primary Registration District No. 3060 Registrar's No. 100

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO		Length of stay in 1b		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 N. Long		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 302 N LONG		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELMER SCOTT AMONETTE				4. DATE OF DEATH Month Day Year FEB. 26 1962			
5. SEX MALE		6. COLOR OR RACE COLARD		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/16/97	
9. AGE (last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY LABOR		11. BIRTHPLACE (City and state or country) PILOT KNOB MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HENRY AMONETTE		13b. MOTHER'S MAIDEN NAME EFFIE TULLOCK		14. NAME OF HUSBAND OR WIFE IDELLE GRAY AMONETTE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address -A Effie Amonette Farmington MO.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u> DUE TO (b) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE 6 mo</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>9-18-53</u> , to <u>2-26-62</u> and last saw him alive on <u>2-20-62</u> Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C.E. Carleton, M.D.</u>				22b. ADDRESS <u>Farmington, MO</u>		22c. DATE SIGNED <u>2-26-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/1/62		23c. NAME OF CEMETERY OR CREMATORY MASONIC		23d. LOCATION (City, town, or county) (State) NORTH OF FARMINGTON MO.	
24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO.				25. DATE RECD. BY LOCAL REG. March 1, 1962		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ch Cozean

Licensed Embalmer No.

4084

P. O. Address

Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.